PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient and Public Involvement in Health Research in Low and
	Middle-Income Countries: a systematic review
AUTHORS	Cook, Natalie; Siddiqi, Najma; Twiddy, Maureen; Kenyon, Richard

VERSION 1 – REVIEW

REVIEWER	Susan Baxter, Senior Research Fellow
	University of Sheffield, UK
REVIEW RETURNED	24-Oct-2018

This paper is well written, and follows accepted revialthough quality was limited by having a single revie the bulk of the processes. My main recommendation additional detail regarding the characteristics of the literature in the results section, as currently there is This would really help the reader to understand the evidence you are presenting. A chart or description of origin for included studies would be very helpful. I sense of whether there was good or poor coverage middle income countries or coverage from different couldn't get a handle on how meaningful the review wondered how studies published in non-English land handled as the inclusion criteria specifies any langue team able to access translators or were only those wastracts included? This has implications for potenti included set of studies? While quality appraisal of in may or may not have been indicated it is important information regarding the design of the included liter presuming it might be cross sectional or qualitative? indicated (and you need to give a stronger argument can you give some overview of where there were pastrengths or weaknesses? The characteristics of the should also be picked up again in the discussion set The discussion section makes some reasonable point the authors can make any stronger recommendating gaps in research or recommendations for practice. If or saying this, but this section reads a little "dull", the referencing Brett et al. is rather lengthy and seems this study has added little to the literature base which shame. Can you pull out more strongly what this stujustify it being published? Outlining what the include more clearly, would help in this. The conclusions section seems almost to be from a as it does not clearly follow up on the results of the aims of the work, but talks instead about use of PPI conclusions can you draw about PPI in LMICs, are the conclusions can you draw about PPI in LMICs, are the conclusions can you draw about PPI in LMICs, are the conclusions can you draw about PPI in LMICs, are the

	this study has added to the literature.
REVIEWER	Bec Hanley
	Freelance - attached some of the time to the Medical Research Council Clinical Trials Unit at University College London.
	I work in the field of PPI and have worked with some researchers in LMIC, but d not believe that this is a competing interest within the context of this paper.
REVIEW RETURNED	26-Oct-2018

GENERAL COMMENTS

I read this paper with interest - this is a neglected topic and I'm glad these authors have sought to address it.

high income countries? As above, need to convince readers what

The paper is clear and easy to read.

I commend the authors for looking for information about involvement at different stages of the research process and at who undertook the research - i.e. were researchers from the host country involved? My suggestions for revisions:

I was surprised that so few studies were found for inclusion, given the authors went back to 1978. This might be because they did not look for grey literature. I appreciate why not, as this would have been a huge job - but I think it is worth mentioning this in the section on limitations.

I couldn't see any studies from Brazil in the list of references. Given the level of involvement in health that is happening in Brazil, I wonder if either there really is very little published about this, or if a different search terms might have uncovered this. I'm hoping that one of the other reviewers may have a view on this - I'm guessing someone from the Institute of Development Studies at Sussex University could advise otherwise.

I'd like to see a paragraph at the beginning about the context of PPI in LMIC - this paper (understandably) draws extensively on INVOLVE definitions and guidance - but INVOLVE supports English research in the context of the NIHR. I'd like to know something about whether the major funders of health research in LMIC require PPI - including funders based in the host country and in other countries (e.g. USAID). This might go some way to explain the dearth of publications. If there is this type of requirement, is there any correlation with the publications identified in the review? On the search terms, did the authors consider including 'action research' as a term? I've worked with researchers who describe the involvement they have done within an action research context. On page 4, line 3, I'd suggest 'engagement' is defined, especially as it is also used as a search term.

I'd like to see some more work done on the discussion section. For me this review raised some interesting questions and I'd like to see them explored a bit more. E.g. can we learn anything about the influence of research funders? Or about the influence of the host country? Why did the authors think there is more PPI at the planning stage? You describe the possible impact of this but not the possible reasons for this.

From p8 line 22 onward you talk about other studies about impact. I'd like to see a stronger reflection about the link with these and your study.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Susan Baxter, Senior Research Fellow Institution and Country: University of Sheffield, UK

Please state any competing interests or state 'None declared': None declared

This paper is well written, and follows accepted review guidelines, although quality was limited by having a single reviewer carrying out the bulk of the processes. My main recommendation is to provide additional detail regarding the characteristics of the included literature in the results section, as currently there is almost nothing. This would really help the reader to understand the context of the evidence you are presenting. A chart or description of the countries of origin for included studies would be very helpful[NC7]. I didn't get a sense of whether there was good or poor coverage from low versus middle income countries or coverage from different continents so couldn't get a handle on how meaningful the review findings are. I wondered how studies published in non-English language were handled as the inclusion criteria specifies any language - were the team able to access translators or were only those with English abstracts included NC8 ? This has implications for potential bias in the included set of studies? While quality appraisal of included studies may or may not have been indicated it is important to provide information regarding the design of the included literature, I am presuming it might be cross sectional or qualitative[NC9]? If QA was not indicated (and you need to give a stronger argument for not doing it) can you give some overview of where there were particular strengths or weaknesses[NC10]? The characteristics of the literature should also be picked up again in the discussion section.

The discussion section makes some reasonable points but I wonder if the authors can make any stronger recommendations regarding gaps in research or recommendations for practice. Many apologies for saying this, but this section reads a little "dull", the paragraph referencing Brett et al. is rather lengthy and seems to suggest that this study has added little to the literature base which is rather a shame. Can you pull out more strongly what this study has added, to justify it being published? Outlining what the included literature was more clearly, would help in this[NC11]. The conclusions section seems almost to be from a different study, as it does not clearly follow up on the results of the review, or the aims of the work, but talks instead about use of PPI tools[NC12]. What conclusions can you draw about PPI in LMICs, are there particular recommendations for these contexts that are similar or different from high income countries? As above, need to convince readers what this study has added to the literature.

Reviewer: 2

Reviewer Name: Bec Hanley

Institution and Country: Freelance - attached some of the time to the Medical Research Council Clinical Trials Unit at University College London, UK

Please state any competing interests or state 'None declared': I work in the field of PPI and have worked with some researchers in LMIC, but d not believe that this is a competing interest within the context of this paper

I read this paper with interest - this is a neglected topic and I'm glad these authors have sought to address it.

The paper is clear and easy to read.

I commend the authors for looking for information about involvement at different stages of the research process and at who undertook the research - i.e. were researchers from the host country involved?

My suggestions for revisions:

I was surprised that so few studies were found for inclusion, given the authors went back to 1978. This might be because they did not look for grey literature[NC13]. I appreciate why not, as this would have been a huge job - but I think it is worth mentioning this in the section on limitations.

I couldn't see any studies from Brazil in the list of references. Given the level of involvement in health that is happening in Brazil, I wonder if either there really is very little published about this, or if a different search terms might have uncovered this. I'm hoping that one of the other reviewers may have a view on this - I'm guessing someone from the Institute of Development Studies at Sussex University could advise otherwise[NC14].

I'd like to see a paragraph at the beginning about the context of PPI in LMIC - this paper (understandably) draws extensively on INVOLVE definitions and guidance - but INVOLVE supports English research in the context of the NIHR. I'd like to know something about whether the major funders of health research in LMIC require PPI - including funders based in the host country and in other countries (e.g. USAID). This might go some way to explain the dearth of publications. If there is this type of requirement, is there any correlation with the publications identified in the review[NC15]? On the search terms, did the authors consider including 'action research' as a term? I've worked with researchers who describe the involvement they have done within an action research context[NC16]. On page 4, line 3, I'd suggest 'engagement' is defined, especially as it is also used as a search term[NC17][NC18].

I'd like to see some more work done on the discussion section. For me this review raised some interesting questions and I'd like to see them explored a bit more. E.g. can we learn anything about the influence of research funders[NC19]? Or about the influence of the host country? Why did the authors think there is more PPI at the planning stage[NC20]? You describe the possible impact of this but not the possible reasons for this.

From p8 line 22 onward you talk about other studies about impact. I'd like to see a stronger reflection about the link with these and your study[NC21].

VERSION 2 – REVIEW

REVIEWER	Bec Hanley Freelance - attached some of the time to the Medical Research Council Clinical Trials Unit at University College London
	I work in the field of PPI and have worked with some researchers in LMIC, but do not believe that this is a competing interest within the context of this paper.
REVIEW RETURNED	14-Jan-2019

GENERAL COMMENTS	This is a review of a re-submitted paper. I felt this was much
	improved and I believe it needs no further work. Thanks again for
	carrying out such an interesting piece of work.